

PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM

If you would like a copy of your own Massachusetts criminal record, complete this form, sign it in front of a notary public, and mail it, along with a **check or money order made payable to the Commonwealth of Massachusetts in the amount of \$ 25.00 pursuant to M.G.L. c.6, s172A** and a self-addressed stamped envelope to this agency. If you are indigent you may apply for a fee-waiver pursuant to the provisions of M.G.L. c. 261, s27A, please see the fee-waiver criteria below or visit our website at: www.mass.gov/chsb. Walk-in service is not available. If you are incarcerated and a notary public is not available, have an official of the correctional facility endorse same. This agency's mailing address is: the **Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150, Attn: C.O.R.I. Unit.**

Please be advised that it is unlawful to request or require a person to provide a copy or his criminal offender record information, except as authorized by the Criminal History Systems Board, as per M.G.L. C 6 S 172.

Please check the appropriate box if this request is for Immigration ____ Adoption ____ purposes.

<hr/>		<hr/>	
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
<hr/>		<hr/>	
<i>Maiden Name</i>		<i>Alias</i>	
<hr/>		<hr/>	
<i>Date of Birth (MM/DD/YY)</i>		<i>Social Security Number</i>	
<hr/>		<hr/>	
<i>Street Address</i>	<i>Town</i>	<i>State</i>	<i>Zip Code</i>
<hr/>	<hr/>	<hr/>	<hr/>

I hereby swear, under the pains and penalties of perjury, that the information I have provided above is true, and to the best of my knowledge and belief.

<hr/>	<hr/>
Signature of requestor	Date

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC OR CORRECTIONAL FACILITY

_____, SS.

The above named _____, appeared before me, the undersigned authority, this _____ day of _____, _____ and acknowledge the foregoing signature to be made of his or her own true free act and deed.

Notary Public

Correctional Facility Official (give rank & title)
Correctional Facility Address & Phone:

My commission expires on:_____